

**BLAKELY  
SOKOLOFF  
TAYLOR &  
ZAFMAN**  
A LIMITED LIABILITY  
PARTNERSHIP INCLUDING  
LAW CORPORATIONS

1279 OAKMEAD PARKWAY  
SUNNYVALE, CALIFORNIA 94085  
(408) 720-8300 (Telephone)  
(408) 720-8383 (Facsimile)

**RECEIVED  
CENTRAL FAX CENTER**  
**MAR 02 2005**

### FACSIMILE TRANSMITTAL SHEET

**Deliver to:** Examiner Jasmine Song, Art Unit 2188  
**Firm Name:** U.S. Patent & Trademark Office  
**Fax Number:** 703-746-7239  
**From:** John P. Ward      **Operator:** Anne Collette  
**Date:** March 2, 2005  
**App. No.:** 09/827,134  
**No. of pages:** 21 (including cover sheet)  
**Client/Matter:** 42390.P9599      **Docket Date:** 3/2/2005      **Atty:** CTF

Dear Examiner:

Please find the following document(s) attached:

- 1) Transmittal Form (1 page)
- 2) Fee Transmittal (1 page)
- 3) Response to Office Action (7 pages)
- 4) Information Disclosure Statement (2 pages)
- 5) Form PTO-1449 (1 page)
- 6) One cited reference (8 pages)

Thank you.

| CERTIFICATE OF TRANSMISSION   |                            |
|---|----------------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below. |                            |
| By: <u>Anne Collette</u><br>Anne Collette   | Date: <u>March 2, 2005</u> |

### CONFIDENTIALITY NOTE

The documents accompanying this facsimile transmission contain information from the law firm of Blakely Sokoloff Taylor & Zafman that is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

**IF YOU EXPERIENCE ANY DIFFICULTY IN RECEIVING THE ABOVE PAGES,  
PLEASE CALL (408) 720-8300 AND ASK FOR THE OPERATOR NAMED ABOVE.**

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

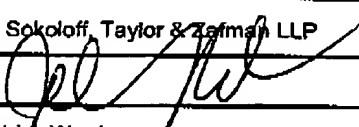
(to be used for all correspondence after initial filing)

|  |    |                        |                          |
|--|----|------------------------|--------------------------|
|  |    | Application Number     | 09/827,134               |
|  |    | Filing Date            | April 3, 2001            |
|  |    | First Named Inventor   | Sanjay S. Talreja et al. |
|  |    | Art Unit               | 2188                     |
|  |    | Examiner Name          | Jasmine Song             |
| Total Number of Pages in This Submission | 19 | Attorney Docket Number | 42390P9599               |

**ENCLOSURES (Check all that apply)**

|  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form   | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |  |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |  |
| <input checked="" type="checkbox"/> Amendment/Reply  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |  |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |  |
| <input type="checkbox"/> Affidavits/declaration(s)   | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |  |
| <input type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |  |
| <input type="checkbox"/> Express Abandonment Request   | <input type="checkbox"/> Terminal Disclaimer                              | One (1) cited reference.  |  |
| <input checked="" type="checkbox"/> Information Disclosure Statement                               | <input type="checkbox"/> Request for Refund                               |   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                                    | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |  |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application                             | <input type="checkbox"/> Landscape Table on CD                            |   |  |
| <input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks   |   |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Blakely, Sokoloff, Taylor & Zafman LLP  |          |        |
| Signature    |  |          |        |
| Printed name | John Patrick Ward   |          |        |
| Date         | March 2, 2005   | Reg. No. | 40,216 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |   |      |               |
|-----------------------|---|------|---------------|
| Signature             |  |      |               |
| Typed or printed name | Anne Collette   | Date | March 2, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0511-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

**FEE TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**(\$)** 180.00**Complete if Known**

|                      |                   |
|----------------------|-------------------|
| Application Number   | 09/827,134        |
| Filing Date          | April 3, 2001     |
| First Named Inventor | Sanjay S. Talreja |
| Examiner Name        | Jasmine Song      |
| Art Unit             | 2188              |
| Attorney Docket No.  | 42390P9599        |

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): Deposit Account Deposit Account Number: **02-2666** Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES  |          | SEARCH FEES  |          | EXAMINATION FEES |          |
|------------------|--------------|----------|--------------|----------|------------------|----------|
|                  | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity     | Fee (\$) |
| Utility          | 300          | 150      | 500          | 250      | 200              | 100      |
| Design           | 200          | 100      | 100          | 50       | 130              | 65       |
| Plant            | 200          | 100      | 300          | 150      | 160              | 80       |
| Reissue          | 300          | 150      | 500          | 250      | 600              | 300      |
| Provisional      | 200          | 100      | 0            | 0        | 0                | 0        |

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

|              |          |
|--------------|----------|
| Small Entity |          |
| Fee (\$)     | Fee (\$) |

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total ClaimsExtra Claims Fee (\$) Fee Paid (\$)Multiple Dependent ClaimsFee (\$) Fee Paid (\$)- 20 or HP = x = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

Indep. ClaimsExtra Claims Fee (\$) Fee Paid (\$)Fee (\$) Fee Paid (\$)- 3 or HP = x = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                 |                      |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

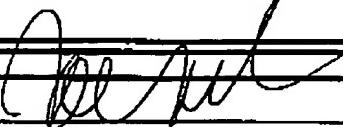
**4. OTHER FEE(S)**

1) Fee for submission of an Information Disclosure Statement (Fee Code 1806)

Fee Paid (\$)

180.00

**SUBMITTED BY**

|                   |   |   |                        |
|-------------------|---|---|------------------------|
| Signature         |  | Registration No. 40,216<br>(Attorney/Agent) | Telephone 408-420-8300 |
| Name (Print/Type) | John Patrick Ward   |   | Date March 2, 2005     |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

42390P9599

Patent

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED  
CENTRAL FAX CENTER

MAR 02 2005

In re Application of: )  
Sanjay S. Talreja et al. ) Examiner: Song, Jasmine  
Serial No.: 09/827,134 ) Art Unit: 2188  
Filing Date: April 3, 2001 )  
For: STATUS REGISTER ARCHITECTURE FOR FLEXIBLE READ- )  
WHILE-WRITE DEVICE )

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE**

Dear Madam:

In response to the Office Action mailed December 2, 2004, please enter the following amendments and consider the following remarks.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.

**CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

By: Anne Collette  
Anne Collette

Date: March 2, 2005